



# CONTINUUM OF CARE REFORM UPDATE: MARCH 2019

***“All children deserve to live with a committed, nurturing and permanent family that prepares youth for a successful transition into adulthood.”***

The Continuum of Care Reform (CCR) draws together a series of existing and new reforms to our child welfare services program and was designed based on the understanding that children who must live apart from their biological parents do best when they are cared for in committed and nurturing family homes.

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**Definitions**

ACL: All County Letter  
CANS: Child and Adolescent Needs and Strengths  
CBHDA: County Behavioral Health Directors Association  
CDE: California Department of Education  
CCR: Continuum of Care Reform  
CDSS: California Department of Social Services  
CFL: County Fiscal Letter  
CFT: Child and Family Team  
CIBHS: California Institute for Behavioral Health Solutions  
CPOC: Chief Probation Officers of California  
CWDA: County Welfare Directors Association  
CWS/CMS: Child Welfare Services Case Management System  
DHCS: Department of Health Care Services  
FFA: Foster Family Agencies  
ICC: Intensive Care Coordination  
ICPM: Integrated Core Practice Model  
IHBS: Intensive Home Based Services  
ISFC: Intensive Services Foster Care  
MHP: Mental Health Plan  
MHSUDS: Mental Health and Substance Use Disorder Services  
LOC: Level of Care  
LOCP: Level of Care Protocol  
RFA: Resource Family Approval  
SMHS: Specialty Mental Health Services  
STRTP: Short-Term Residential Therapeutic Programs  
TARFA: Technical Assistance Resource Family Approval  
TFC: Therapeutic Foster Care

## Highlights

- **As of March 15, 2019, the number of licensed STRTP facilities was 208 (3,188 capacity, with 1,829 placements).** Of those, 72 have received a Mental Health Program Approval. In total, 523 facilities (with 3,302 placements as of March 15, 2019) have either been licensed as STRTPs or are a GH pending a determination following technical assistance provided by CDSS.
- **The number of children who have received a Child and Family Team (CFT) meeting is increasing.** As of January 1, 2019, 46.74% of children and NMDs in foster care had received a CFT--an increase from December 1, 2018, when 44.11% children and NMDs in foster care had received a CFT.
- **CDSS released [ACL 18-128](#) to provide counties instruction on how to submit required information regarding Emergency Caregiver (EC) RFA implementation.** Emergency Caregiver (EC) RFA forms have been distributed to all 58 counties and are being completed and returned on a monthly basis. So far three distributions of this form have been completed with a fourth in progress.
- The Foster Parent Recruitment, Retention and Support (FPRRS) surveys are available online via the [CDSS website](#).
- **Licensed FFAs:** As of March 7, 2019, there were 203 approved FFAs as well as 81 ISFC applications submitted with 59 rate letters issued.

## Engagement and Technical Assistance

### **Individual County CCR Implementation Calls**

CDSS (with DHCS, CWDA, CPOC, CBHDA, and CDE participation) continues to hold individualized county CCR implementation calls with county child welfare directors, mental health plan directors, and chief probation officers to discuss Group Home and STRTP transition and capacity adequacy, recruitment and capacity of RFA families, ISFC and TFC families, availability of home based services and supports; and overall implementation of the RFA, including timely approvals. Additional questions about CFTs, LOC, CANS have been incorporated over the course of the calls. Each call identifies specific implementation actions the county agrees to complete and the state agrees to provide technical assistance where needed. All 58 counties have participated in a technical assistance call and CDSS has begun follow-up calls with those counties requiring additional or immediate assistance. The follow-up calls afford the county to select two focus areas requiring technical assistance.

### **Resource Family Recruitment Regional Trainings and Technical Assistance**

Dr. Denise Goodman and her team of consultants are providing direct onsite training and technical assistance to 6 counties until 2020 and providing regional trainings and consultations that are available to 58 counties.

- The counties are Shasta, Sacramento, San Joaquin, Riverside, Kings and Sonoma.

- The technical assistance aims to assist those counties in targeted and child-specific recruitment, retaining and supporting resource families, as well as the RFA process and other related areas.
- CDSS is tracking and measuring progress on the goals identified by each county receiving onsite training and technical assistance.
- Technical assistance is also available to all 58 counties, tribes, FFAs, and other entities. Dr. Goodman will be providing regional 1-day trainings across the state in Spring 2019 regarding engagement with families through the Resource Family Approval Process.

### ***Children and Youth Specialty Mental Health Services Regional County and Provider Convenings – Supporting Collaboration and Partnership***

DHCS, in collaboration with CDSS and the California Institute for Behavioral Health Solutions (CIBHS), and in consultation with a planning committee, is holding regional provider and county convenings to support implementation efforts and initiatives related to Short Term Residential Therapeutic Programs (STRTPs), Presumptive Transfer, Therapeutic Foster Care (TFC), and Intensive Services Foster Care (ISFC). These convenings include provider representatives as well as county representatives (i.e. Foster Family Agencies and Short Term Residential Therapeutic Programs), and other stakeholders.

Three of the convenings have been held on December 11, 2018 (Sacramento), February 20, 2019 (Southern Region – Riverside), and March 7, 2019 (Central Region – Visalia). There was high turnout for the convenings with staff in Foster Family Agencies (FFAs), STRTPs, County Mental Health Plans, County Child Welfare, and Juvenile Probation representatives attending.

The schedule for the remaining regional provider and county convenings is as follows:

- Convening 4: Bay Area Region (Oakland), Wednesday, May 8, 2019;
- Convening 5: Los Angeles Region (Long Beach), Tuesday, June 4, 2019; and
- Convening 6: Superior Region (Anderson), Tuesday, June 11, 2019.

## **Integrated Services**

### ***STRTP Mental Health Program Approval Protocol and Interim Regulations***

DHCS continues to work collaboratively with CDSS and stakeholders regarding the DHCS Mental Health Program Approval process for STRTPs. DHCS is currently updating the: 1) Interim STRTP Regulations; 2) Interim STRTP Mental Health Program Approval Protocol, and 3) the STRTP Mental Health Program Approval Application to be issued via an Information Notice. It is expected that this will be issued by the end of March 2019. DHCS created forms for the Delegation of the Mental Health Program Approval Task to the County MHPs and for Program Flexibility Requests. On October 26, 2018, DHCS issued [MHSUDS Information Notice 18-049](#) regarding the delegation of the Mental Health Program Approval Task to MHPs. As of February 2019, eleven (11) MHPs have accepted delegation, and forty-five (45) have declined.

As of February 22, 2019, DHCS has received one hundred and thirty-one (131) applications for Mental Health Program Approval, which are in various stages of review to ensure all program requirements are met. Eighty (80) mental health program approval onsite reviews have been conducted and fifty-two (52) mental health program approvals have been granted. DHCS continues to work in partnership with the respective MHPs to jointly conduct Mental Health Program Approval onsite reviews of STRTPs. This collaboration has provided DHCS and MHPs the opportunity to jointly use the Mental Health Program Approval Protocol and to identify areas where clarification or refinement may be needed. DHCS continues to communicate with MHPs in order to provide technical assistance, information, and updates on an ongoing basis.

***Update on the CDSS/DHCS Study of Child Welfare System Mental Health Screenings and Referrals to county Mental Health Plans for Children/Youth in Foster Care***

CDSS and DHCS continue to work collaboratively to match data on Child Welfare System Screenings and Referrals to MHP SMHS claims in order to monitor the pathway into mental health services and to identify areas for process improvements. Beginning in April 2019, CDSS and DHCS will provide an update to the screening and referral pathway study that was presented in the December 2018 SRL, with plans to provide continuous updates on these data for each subsequent SRL report. In addition, to address the finding that slightly more than a quarter of the referrals from Child Welfare did not actually get to the MHP, CDSS has developed a questionnaire for county Child Welfare to find out more about what happened in these cases, as well as to learn more about their referral policies, in general.

***Presumptive Transfer Implementation***

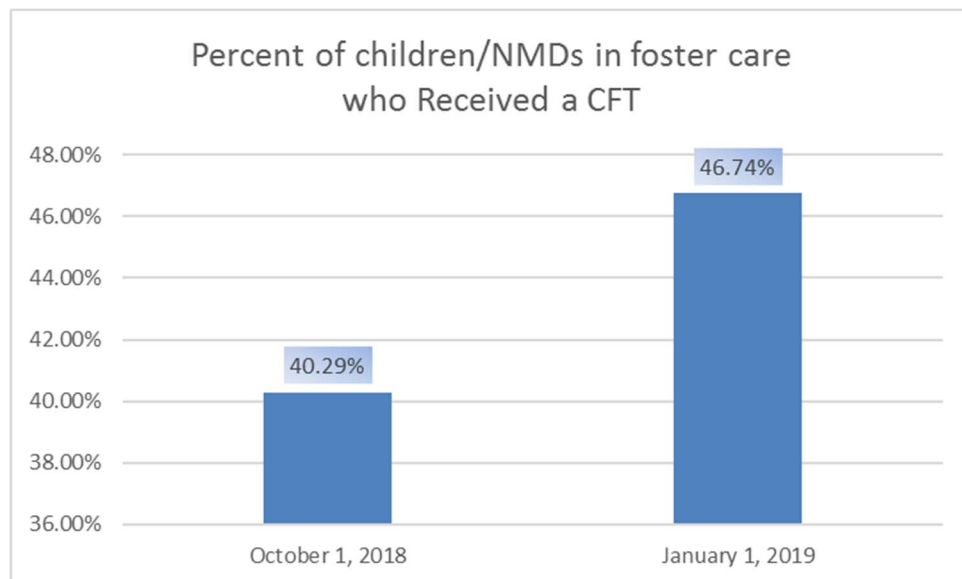
Presumptive Transfer or Assembly Bill 1299 (Ridley-Thomas; Stats. 2016, ch. 603) was established to improve the timely and effective provision and payment of specialty mental health services to children in foster care who are placed outside of their counties of jurisdiction. Assembly Bill 1299 allows the transfer of responsibility for the provision and payment of specialty mental health services to the county of residence. CDSS and DHCS have finalized a Presumptive Transfer Information Guide series to aid child welfare social workers and behavioral health clinicians and other stakeholders in effectively navigating the presumptive transfer process. In January 2019, the CDSS, together with the DHCS and Center for Families, Children & the Courts, recorded a Presumptive Transfer webinar which covered the history, the legal procedures and the goal of the Presumptive Transfer process. Additionally, a Presumptive Transfer webpage is in development where forms and various resources will be available. CDSS, in collaboration with CWDA and CBDHA are collecting “consent to treat” forms from each county that will be made available on the CDSS web page to expedite access to specialty mental health services.

## The Child and Family Teaming Process

As of January 1, 2019, a total of 29,102 of 62,268 (46.74%) children and NMDs in foster care received a CFT.

There was an increase of 1,519 children, or 2.62%, who received CFTs from the previous month. For probation-supervised children and non-minor dependents (NMD), 47.04% received a CFT, which was a slight increase from 46.19% of probation-supervised children and NMDs when compared to the data from December 1, 2018.

Similarly, on January 1, 2019, 46.72% of child welfare-supervised children and NMDs received a CFT, a small increase from the previous month's percentage of 44.11%. This is the second month in a row that the proportion of child welfare-supervised children and NMDs who received a CFT rose by more than two percentage points.



The percentage of Child Welfare and Probation foster youth who received at least one CFT while in out-of-home placement increased from 40.29% on October 1, 2018 to 46.74% on January 1, 2019.

### **ICPM, CFT and CANS Implementation**

On January 1, 2017, Child and Family Teams became the primary vehicle for actionizing the five key components of the Integrated Core Practice Model (ICPM) [ACIN 1-21-18](#): engagement, assessment, service planning and delivery, and transition for every youth in foster care. The California ICPM provides guidance and direction to support county child welfare, juvenile probation, behavioral health agencies and their partners in delivery of timely, effective and collaborative services to children, youth and families. The CDSS recognizes that to maintain a consistent approach to CFT/CANS implementation, fidelity to ICPM values and principles are vital. As such, CDSS has provided two ICPM and trauma trainings for the CDSS Child and Family Services Division staff with additional trainings scheduled through May 2019. The CDSS is currently developing an ICPM web page and is projected to launch in early spring of

2019. This web page is intended to provide a convenient, single source for county child welfare, juvenile probation, system partners, stakeholders, including children, youth, and families to access information and materials related to the implementation and practice of the ICPM. The web page will be linked to the CCR web page and will be updated on a regular basis with information on upcoming trainings and shared best practices.

CFT meetings are key to ensuring each child is receiving individualized, timely access to appropriate care and ongoing permanency planning. Based upon documentation entered into the CWS/CMS system from January 1, 2018 to January 1, 2019, the data indicates an increase in the number of children receiving a CFT meeting, month over month. This data likely underrepresents the actual number of CFT's occurring as it may not reflect CFT's initiated by behavioral health departments and multiple counties have reported delays in entering data.

The CDSS selected the Child and Adolescent Needs and Strengths (CANS) as the communication tool to be used by child welfare agencies within the CFT process to inform case planning and placement decisions. The automation of the CANS communication tool is underway, with the initial release of CANS version 1, which took place on February 9, 2019 in six counties and followed by a state-wide release on February 25<sup>th</sup>.

The CFT Implementation Team continues to meet monthly since November 2018. The team is comprised of the County Welfare Directors Association (CWDA), Department of Health Care Services (DHCS), County Behavioral Health Directors Association (CBHDA), California Youth Connection and representatives from the child welfare agencies and behavioral health departments from Los Angeles, Sacramento, San Francisco, Shasta, Ventura, San Bernardino, Merced and Riverside continues to meet monthly.

The team formed two workgroups: Workforce Development and Communication and Messaging. The Workforce Development workgroup was tasked to identify the skills, competencies, and values of CANS within the CFT process which will inform curriculum development. During their last meeting in February, this workgroup updated the learning objectives of the CANS and discussed options for curriculum development and revision of the statewide CFT curriculum to align with the CANS curriculum and the ICPM. The Communication and Messaging workgroup was tasked to develop communications that convey the vision and importance of using CANS within the CFT process. This workgroup also met in February where they reviewed a proposed framework for a Power Point presentation that would articulate the common points between ICPM, CANS, CFT and CFSR. The CFT Implementation Team is also identifying new ways to compile and analyze qualitative and administrative data to enhance the CFT process.

Attendance averages over 100 participants and is representative of a broad-based audience of public and private child welfare and behavioral health partners and other key stakeholders. The CFT/CANS technical assistance calls/webinars support the ICPM guiding principle of collaboration by actively engaging cross system partners in a dialogue that supports a unified understanding for utilization of the CANS tool within the CFT process.

The CDSS continues to review and develop the Common Core 3.0 training curricula for child welfare workers, ensuring integration of CFTs and CANS within the curriculum. Each practice area in the Common Core 3.0 has a set of measurable learning objectives for knowledge, skills, and values essential to the provision of services to children and families. The integration of CFTs and CANS into the curricula will highlight the importance of enhanced care coordination and collaborative decision making across systems and allow for better monitoring of child and family outcomes and well-being.

## Resource Family Approval

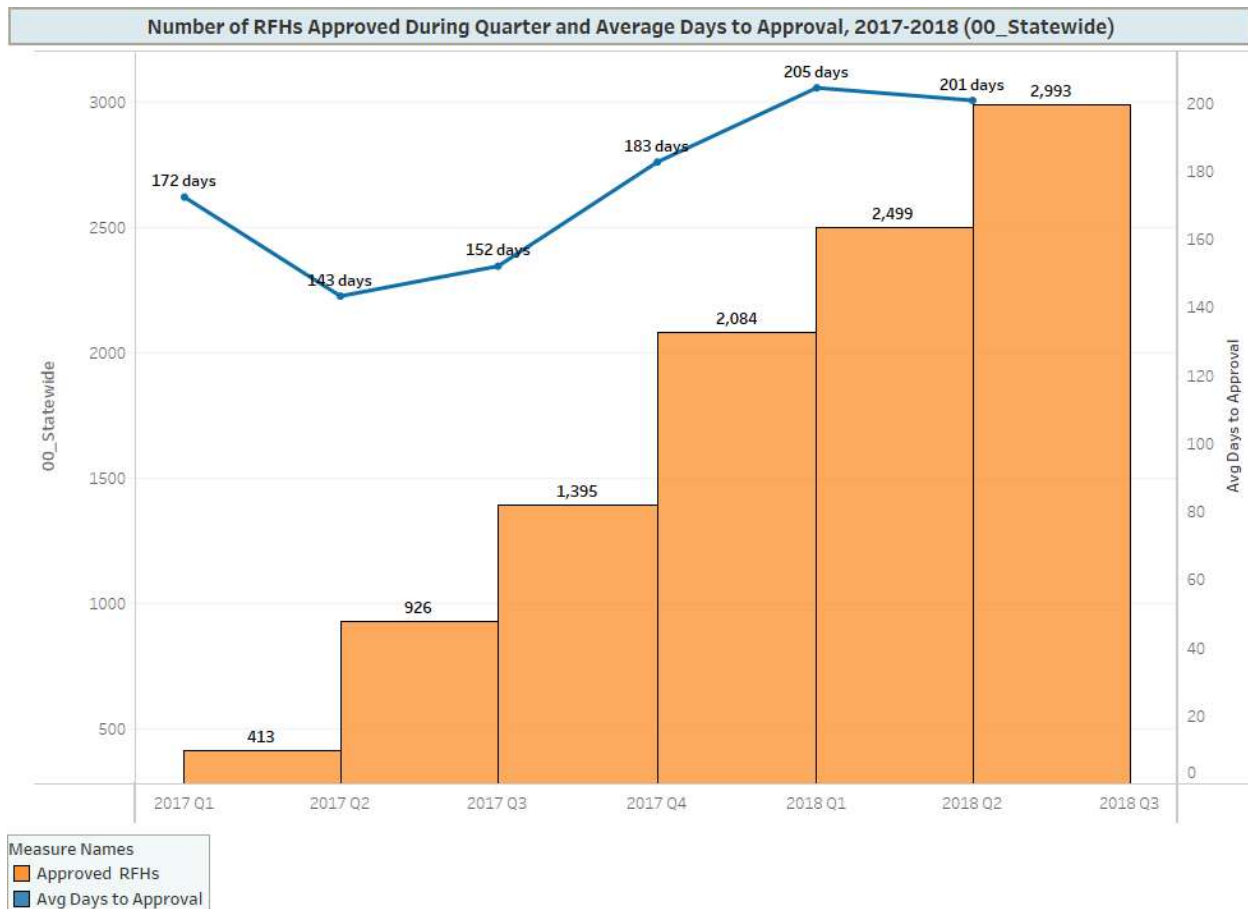
[ACL 18-128](#) was released which contained instructions on how to report the data required regarding Emergency Caregiver funding provided pursuant to AB 110 (Chapter 8, Statutes of 2018) and AB 1811 (Chapter 35, Statutes of 2018).

Existing RFA forms continue to be modified and posted for use on the [CDSS RFA Website](#). The changes made to existing forms to further streamline the Written Report. The RFA team continues to participate in regional CWDA meetings and learning collaboratives across the State to discuss implementation of RFA in order to improve timelines and outcomes.

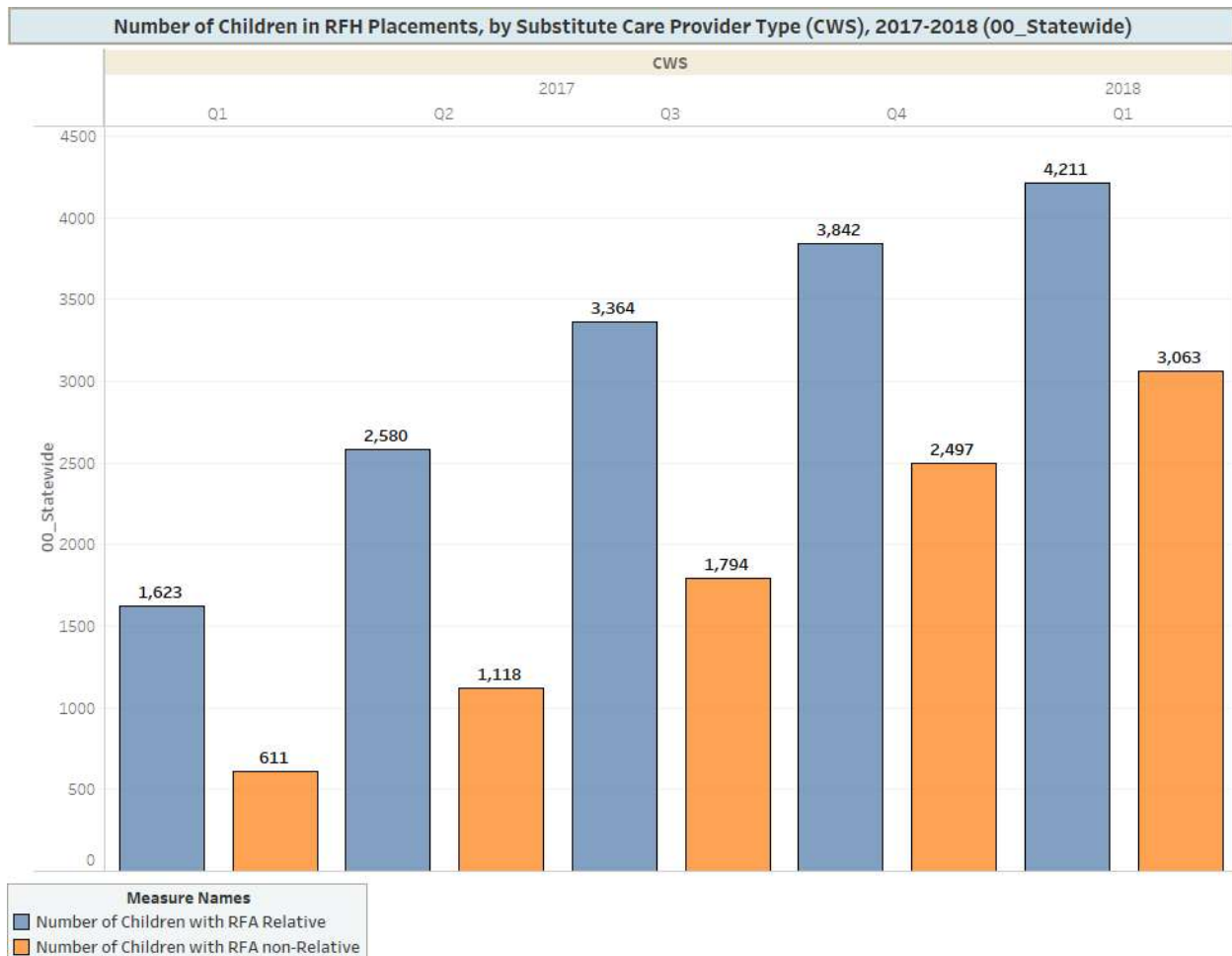
Revisions are being made to the Written Directives to incorporate legislative changes effective January 1, 2019 as well as providing clarification on policy.

## ***RFA Applications and Approvals***

The following chart illustrates the number of approved RFA applications as well as the average days to approval for applications approved between quarter one of 2017 and quarter three, 2018. Since 2017, the average days to approval has increased with the increased caseload; however, that number has begun to decrease, even as significantly more RFA applications are being received.



The following chart breaks out the reported caregiver relationship type for child welfare supervised children placed in Resource Family Homes (relative versus non-relative) between quarter one 2017 and quarter one 2018. Note that the caregiver relationship may not be reflected in CWS-CMS all instances, leading to a potential undercount of relative placements.



### Emergency Caregiver Data Collection

Per [ACL 18-128](#) and pursuant to [WIC 11461.36](#), CDSS is responsible for monitoring Emergency Caregiver payments, including tracking the usage and duration of payments and evaluating the duration of time a child or NMD is in a home pending resource family approval. To this end, CDSS is distributing forms regarding delays to Resource Family approval for counties to complete and return monthly. Counties submit the forms to CDSS regarding reasons for delay in processing RFA applications for RFA applicants with placements prior to approval pending more than 90 days.

The following table summarizes the county, self-reported data regarding their RFA placement prior to approval and Emergency Caregiver funding caseloads as of January 31, 2019. Out of 58 counties, 48 have provided their January 2019 data.

<b>Placements Prior to Approval/Emergency Caregiver Funding: January, 2019</b>	
Total # of RF applicants with preapproval placements over 90 days	1,808
Total # of RF applicants with preapproval placements over 180 days	772
Total # applicants that were determined to be good cause by the county	1,102
Total % pending over 90 days that were determined to be good cause by the county	61%
Total # of pre-approval placements	5,060
Total # placements receiving funding over 90 days	2,572
Total % of placements receiving funding over 90 days	50.8%

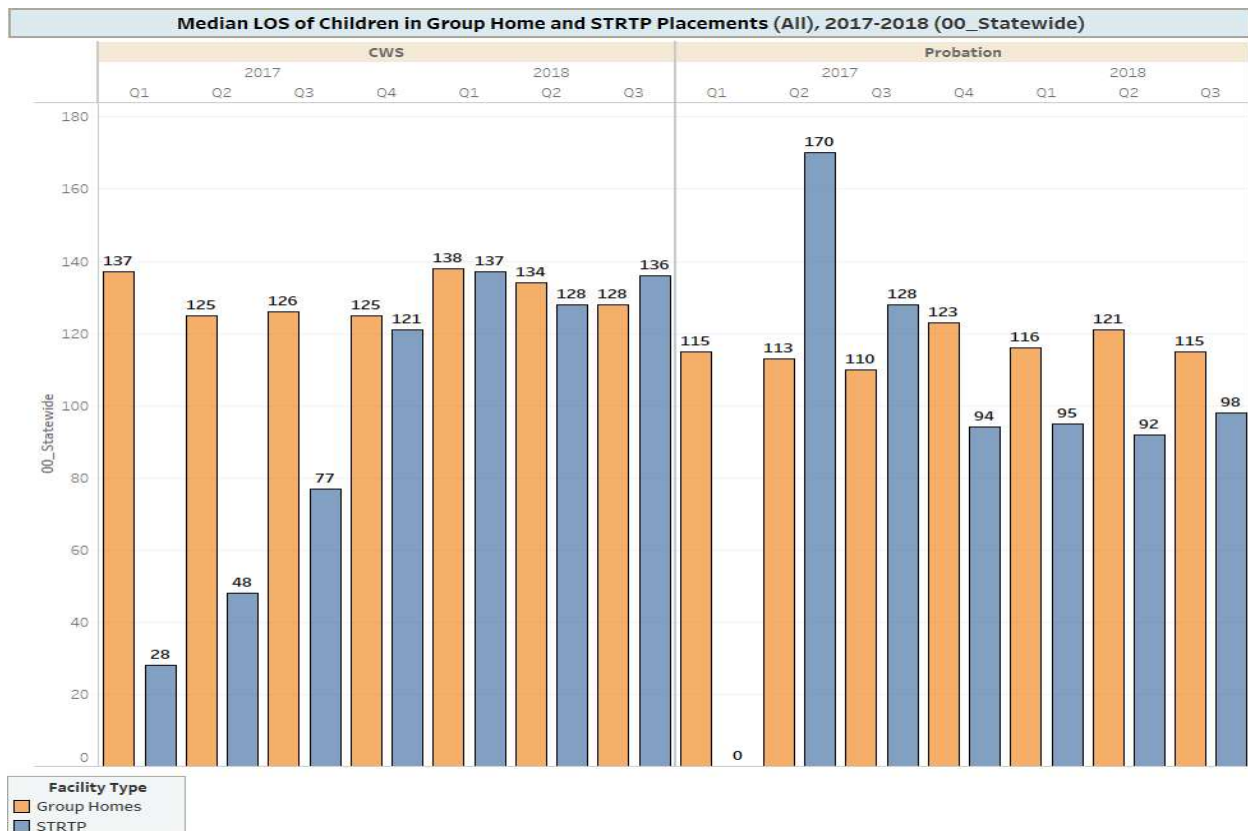
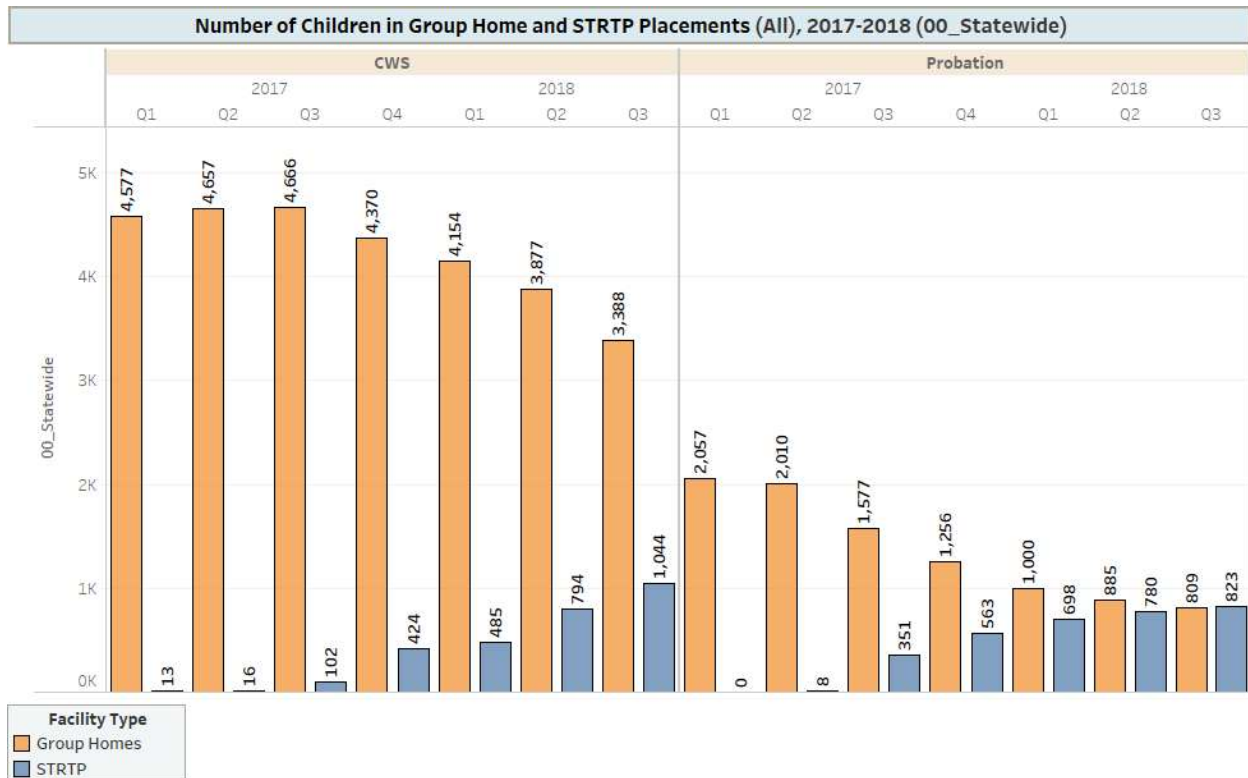
## CCR Implementation Data

As of March 5, 2019, a total of 205 STRTP facilities have been licensed with a capacity of 3,212--compared with 165 facilities with a capacity of 2,682 in December 2018.

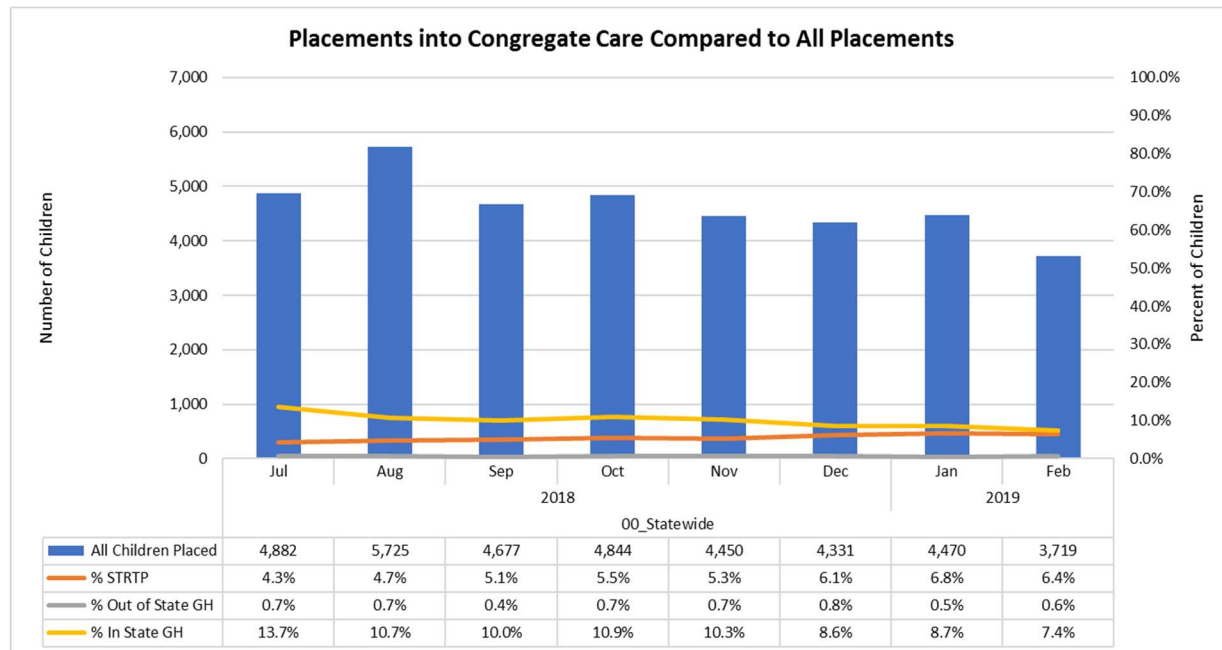
### **ST RTP Transitions as of March 2019**

Type of Facility	Number of Facilities	Point-in-Time Placements (3.15.19)
<b>Total Licensed STRTPs</b>	208	1829
<b>Licensed STRTPs with Mental Health Program Approval</b>	76	782
<b>Group Homes (Submitted STRTP Application - In Process)</b>	319	1473
<b>Group Homes Not Converting to STRTPs</b>	386	303
<b>Group Homes with Denied STRTP applications</b>	22	63

The following two charts look at STRTP and Group Home placements and median lengths of stay. The first chart shows all youth in an STRTP or Group Home placement at some time during the quarter. The second chart shows of the children who exited those placement types during the quarter, what was their median length of stay. It is important to note that if a Group Home transitioned to an STRTP at some point during the quarter, then its placements and lengths of stay were attributed to the STRTP category. Because of this, STRTP numbers may be slightly inflated.



The chart below reflects the total number of children with a new out of home placement during each month and the percent of those that were placed into either an STRTP, Out-of-State Group Home, or an In-State Group Home. While the overall total of out of home placements each month has been declining since July, the percentage of those placements made into and STRTP has slightly increased while placements in group homes have slightly decreased.



All Children Placed provides an unduplicated count of children ages 0 to 17 years old with a new out of home placement during the month. Children placed into STRTPs, In-State Group Homes, and Out-of-State Group Homes are subsets of All Children Placed.

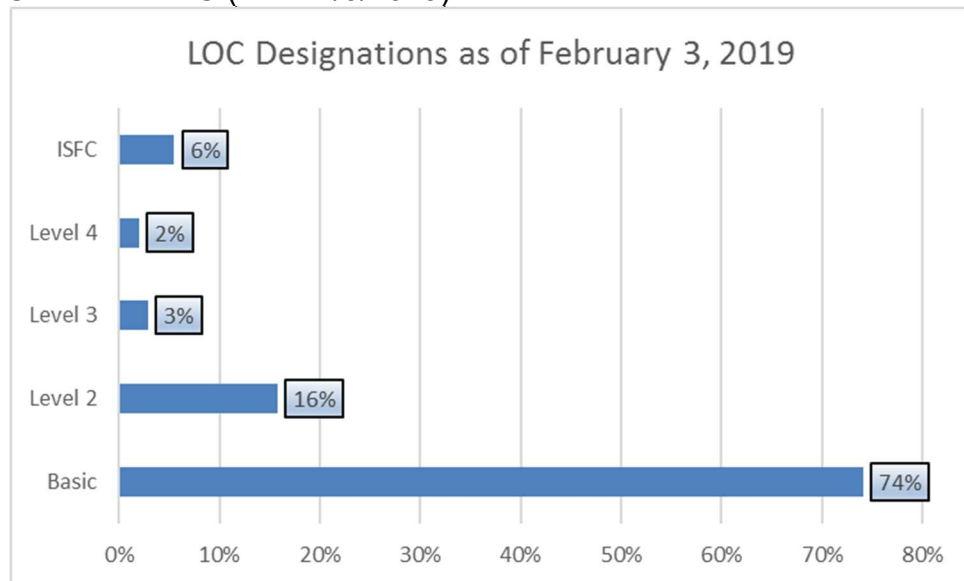
## Level of Care Rates Protocol Implementation

The implementation of the Level of Care Protocol (LOCP) began in March 1, 2018 for new entries into foster care and placed with FFAs but also includes some limited requests from FFAs for a LOCP determination. As of February 3, 2019, the LOCP data included in this report is point-in-time and is based on information entered into the Child Welfare Services Case Management System (CWS/CMS). The state is using the data to confirm use of the LOCP for FFA placements. The data provides a point-in-time snapshot of the Level of Care rates distribution.

The next phase of implementation of the LOCP will begin once finalization of modifications to the LOCP Matrix and other related forms are completed. Counties will be given a reasonable time to calibrate training and adjust for any new changes made to the tool based on their input, and lessons learned to date from the field. The ACL will communicate the date for the next phase of implementation.

### FFA Level of Care and Rate Percentages

Statewide, 3,329 FFA placements were entered on the CWS/CMS data collection as having received a LOC rate. Below is a percentage breakdown of the placements by Levels of Care and ISFC (as of 2/3/2019).



\*A total of 26 open placements in three counties in CWS/CMS were designated with both a LOC rate and as ISFC. This indicates a need for further data entry instructions. Source: CWS/CMS, February 3, 2019

The CDSS is in the process of finalizing an ACL that will provide further policy clarifications and guidance for the continued use of the LOCP with FFAs for all FFA placements regardless of when they entered out-of-home care.

Families not served by an FFA continue to receive a basic level rate and if eligible, a specialized care increment, or other services. It is anticipated that full implementation for other resource families will occur later in the year.

A validity study of the LOCP will still be conducted. The planning and design of this study is in process.

### Fiscal Update

The following CFLs are letters sent to counties that provide claiming instructions and funding amounts for CCR activities since the last Supplemental Reporting Language update.

#### County Fiscal Letters (CFLs)

- [CFL No. 18-19-52](#): County Welfare Department County Expense Claim Time Study And Claiming Instructions For The March 2019 Quarter
  - Please see Section I(B) - Child and Family Teams
- [CFL No. 18-19-25](#): Child Welfare Department (CWD) County Expense Claim (CEC) Time Study And Claiming Instructions For The December 2018 Quarter

- Please see Section I(B) and (C) – Second Level Administration and Services Only Rate
- [CFL No 18-19-03](#): Funding For Emergency Caregiver (EC) With Placement Of Child(ren) And/Or Non-Minor Dependents (NMD) Prior To Resource Family Approval (RFA)

### **Fiscal Year 2019-20 Governor's Budget**

The [2019-20 Governor's Budget](#) provides a proposed FY 2019-20 budget of \$383.8 million of funding, which includes \$268.9 million State General Fund. The [2019-20 Governor's Budget](#) details the costs for CCR and are described in the *Continuum of Care Reform (CCR)* premise description, which is available in the Estimates Methodologies section, pages 113-124. Additional information on CCR is included in the Reference Documents section, pages 53-55.

### **CCR Reconciliation**

With the implementation of CCR, the counties were provided upfront General Fund investments for the new Home Based Family Care rates and administrative activities such as FPRRS, CFT and RFA. A reconciliation process will be used to complete a thorough, by-county analysis to determine the overall fiscal impact of the investments. The 2016-17 reconciliation using actual data is under review, as a potential model for the reconciliation of future years.

### **Policy Claiming:**

- [CFL 18-19-02](#): Claiming Instructions For Establishment Of A Services Only Rate To Secure Additional Services And Supports
- [CFL 17-18-80](#) Foster Parent Recruitment, Retention and Support (FPRRS) Funding Opportunity Child Care
- [CFL 17-18-59](#) Claiming Instructions for the Short-Term, Interim Funding for Emergency Caregivers with Placement of Child(ren) and/or Non-Minor Dependent(s) (NMD) Prior to Resource Family Approval (RFA)
- [CFL 17-18-36](#) Reminder of Claiming Instructions for Short-Term Residential Therapeutic Program (STRTP)
- [CFL 17-18-32E](#) Errata to Changes to the County Assistance (CA) 800 Claim and Addition of the CA 800 Continuum of Care Reform (CCR) CLAIM - Phase II Claiming Instructions
- [CFL 17-18-32](#) Changes to The County Assistance (CA) 800 Claim and Addition of the CA 800 Continuum of Care Reform (CCR) Claim - Phase II Claiming Instructions
- [CFL 17-18-30](#) Updates to claiming instructions for the Resource Family Approval (RFA) Program
- [CFL 17-18-09E](#) Errata to claiming instructions to county probation departments for Nonfederal Child and Family Teams for Youth in Detention
- [CFL 17-18-09](#) Claiming Instructions to County Probation Departments for Nonfederal Child and Family Teams for Youth in Detention

- [CFL 16-17-60](#) Continuum of Care (CCR) Reconciliation Methodology for Zero Base Populations
- [CFL 16-17-43](#) Continuum of Care Reform Assistance Reconciliation Methodology
- [CFL 16-17-41](#) Continuum of Care Reform (CCR) Home Based Family Care Rate Phase I Claiming Instructions
- [CFL 16-17-41E](#) Errata to Continuum of Care Reform (CCR) Home Based Family Care Rate Phase I Claiming Instructions
- [CFL 16-17-41EII](#) Errata II to Continuum of Care Reform (CCR) Home Based Family Care Rate Phase I Claiming Instructions
- [CFL 16-17-22](#) Child and Family Team Claiming Instructions
- [CFL 16-17-20](#) Foster Parent Recruitment, Retention and Support Funding Opportunity Child Care
- [CFL 15-16-48](#) Foster Parent Recruitment, Retention and Support Program Claiming Instructions for County Probation Departments
- [CFL 15-16-37E](#) Errata to Foster Parent Recruitment, Retention and Support Program

**Allocations:**

- [CFL 18-19-46](#): Fiscal Year 2017-18 Continuum Of Care Reform Foster Parent Recruitment, Retention, And Support, Child And Family Teams, And Resource Family Approval Programs Final Allocations
- [CFL 18-19-37](#): Fiscal Year 2018-19 Child And Family Teams General Fund Allocation
- [ACL 18-130](#): Foster Parent Recruitment, Retention, And Support (FPRRS) Activities And Outcomes Report For Fiscal Year (FY) 2017-18 And Funding Opportunity For FY 2018-19
- [CFL 18-19-32](#): Fiscal Year 2018-19 Continuum Of Care Reform Resource Family Approval Program Allocations For County Welfare And Probation Departments
- [CFL 18-19-13](#): Fiscal Year 2018-19 Continuum Of Care Reform Services Only Rate General Fund Allocation
- [CFL 18-19-05](#): Fiscal Year 2017-18 Continuum Of Care Reform Assistance Allocation
- [CFL 18-19-03](#): Funding For Emergency Caregivers (EC) With Placement Of Child(ren) And/Or Non-Minor Dependents (NMD) Prior To Resource Family Approval (RFA)
- [CFL 17-18-78](#) Fiscal Year 2015-16 Continuum of Care Reform Foster Parent Recruitment, Retention, and Support Program Reappropriated Funds Final Allocation for County Welfare and Probation Departments
- [CFL 17-18-76](#) Fiscal Year 2016-17 Continuum of Care Reform Reappropriation Planning Allocation for Foster Parent Recruitment, Retention, and Support, Child and Family Teams, and Resource Family Approval Programs
- [CFL 17-18-68](#) Fiscal Year 2017-18 Allocation for Continuum of Care Reform Second Level Administration Review

- [CFL 17-18-47](#) Fiscal Year 2017-18 Continuum of Care Reform Resource Family Approval Program Allocations For County Welfare And Probation Departments
- [CFL 17-18-42](#) Fiscal Year 2017-18 Continuum of Care Reform Child and Family Teams Allocation for County Welfare and Probation Departments
- [CFL 17/18-54](#) Fiscal Year 2017-18 Foster Parent Recruitment, Retention, and Support Program Final Allocation for County Welfare and Probation Departments
- [CFL 17-18-52](#): Fiscal Year 2017-18 Continuum of Care Reform Assistance Allocation
- [CFL 16/17-76](#) Fiscal Year 2016-17 Final Continuum of Care Reform Resource Family Approval Program Allocation for County Welfare and Probation Departments
- [CFL 16-17-71](#) Fiscal Year 2016-17 Allocation for Continuum of Care Reform Second Level Administration Review
- [CFL 16-17-54](#) Fiscal Year 2016-17 Continuum of Care Reform Foster Family Agency Social Worker Rate Increase General Fund Allocation
- [CFL 16-17-45](#) Fiscal Year 2016-17 Continuum of Care Reform Resource Family Approval Program Allocations for County Welfare and Probation Departments
- [CFL 16-17-35](#) Fiscal Year 2015-16 Foster Parent Recruitment, Retention and Support Program Planning Allocation
- [CFL 16-17-34](#) Fiscal Year 2016-17 Foster Parent Recruitment, Retention and Support Program Allocations for County Welfare and Probation Departments
- [CFL 16-17-05](#) Fiscal Year 2015-16 Continuum of Care Reform Foster Family Agency Social Work Rate Increase General Fund Allocation
- [CFL 15-16-58](#) Fiscal Year 2015-16 Foster Parent Recruitment, Retention and Support Program Allocations for County Welfare and Probation Departments